

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
VITOLI MOURZAKHANOV,

Plaintiff,

EXPERT DISCLOSURE OF
ALAMGIR ISANI, M.D., P.C.

-against-

Civil Action No.: 07 CV 6205(LAK)

DEWALT INDUSTRIAL TOOL CO.,
DEWALT CONSTRUCTION TOOLS and
BLACK AND DECKER (U.S.) INC.,

Defendants.
-----X

Defendant BLACK & DECKER (U.S.) INC. s/h/a DEWALT INDUSTRIAL TOOL CO.,
DEWALT CONSTRUCTION TOOLS and BLACK & DECKER (U.S.) INC., by their attorneys,
Calinoff & Katz LLP, and pursuant to Rule 26(a)(2) of the Federal Rules of Civil Procedure, provide
the following disclosure concerning their damage expert expected to testify at trial:

1. Alamgir Isani, M.D., P.C. (Dr. Isani), as an expert witness to testify at trial.
 - a. A copy of Dr. Isani's report is annexed hereto as Exhibit "A."
 - b. The opinions expressed and the basis and reasons therefore were based on
Dr. Isani's examination of Plaintiff, Vitoli Mourzakhanov, as evidenced by
Dr. Isani's report, and by review of the following records sent to Dr. Isani by
the undersigned:
 - i. Plaintiff's medical records from Alan J. Dayan, M.D., New York
Westchester Square Medical Center, State Insurance Fund;
 - ii Plaintiff's Automatic Disclosure.

- c. All publications authored by Dr. Isani since 1985 are listed within his Curriculum Vitae. See Exhibit "B."
- d. Dr. Isani received \$2,400.00 for his review of records and examination of the Plaintiff. Dr. Isani's fee is \$5,000.00 per day of deposition or trial testimony.
- e. Annexed hereto as Exhibit "C" is a list of testimony provided by Dr. Isani at trial or by deposition since 1996.

Dated: New York, New York
February 22, 2008

Yours, etc.,

CALINOFF & KATZ LLP

BY:



Robert A. Calinoff (RAC5743)
Attorneys for Defendant
BLACK & DECKER (U.S.) INC. s/h/a
DEWALT INDUSTRIAL TOOL CO.
DEWALT CONSTRUCTION TOOLS
and BLACK AND DECKER (U.S.) INC.
140 East 45th Street
17th Floor
New York, New York 10017
(212) 826-8800

TO:

John E. Durst, Jr.
THE DURST LAW FIRM, P.C.
Attorneys for Plaintiff
319 Broadway
New York, New York 10007
(212) 964-1000

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Exhibit A

Alamgir Isani, M.D., P.C.

Surgery of the Hand and Wrist

February 04, 2008

Calinoff & Katz, LLP
140 East 45th Street, 17th Floor
New York, NY 10017-3144

Re: Vitali Mourzakhanov vs. Black & Decker (U.S.) Inc.
Social Security #: 070-86-1684
Date of Birth: 07/22/1976
Date of Onset: 09/29/2005
Date of Examination: 02/04/2008

To Whom It May Concern:

This narrative report is in reference to my examination and evaluation of the claimant, Mr. Vitali Mourzakhanov, regarding the alleged injury he sustained to his left hand on September 29, 2005. The claimant is a 31-years-old, right-hand dominant plumber who was employed at Crestwood Mechanical at the time of the accident of September 29, 2005. He speaks and understands English quite well. He was accompanied to this examination by his friend, Mr. Marcin Rozczyn who is also his coworker.

The following medical documentation was reviewed:

1. The plaintiff's automatic disclosure.
2. The hospital records from New York Westchester Square Hospital for his Emergency Room treatment dated 09/29/2005.
3. The hospital records from Jacobi Medical Center dated September 29, 2005.
4. The operative report from Jacobi Medical Center dated October 03, 2005.
5. The records from Marc Parnes, M.D.
6. The narrative report of Alan Dayan, M.D. dated March 16, 2007.
7. The narrative report of Dr. Krishna from Total NeuroCare dated April 08, 2007.
8. The narrative report of Salvatore Lenzo, M.D. dated October 30, 2007.
9. My independent medical examination report dated December 17, 2007 on behalf of Certified Medical Consultants Incorporated.

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Apparently an electrodiagnostic study was performed on July 24, 2007 at Total NeuroCare, which is referenced in my examination report of December 17, 2007, which was apparently supplied by the patient at the time of that examination. That electrodiagnostic study is not in the medical records made available for this examination nor does the patient have a copy of them today.

HISTORY:

According to his history, on September 29, 2005 while at work he was cutting a copper pipe with a power reciprocating saw, also called a sawzall, when the saw kicked back and the blade cut his left palm.

He was treated emergently at New York Westchester Square Hospital Emergency Room where x-rays were obtained, which did not reveal any fracture or retained foreign body. Lacerations were sutured and he was given a tetanus toxoid booster dose and intravenous Ancef.

He was transferred to Jacobi Medical Center the same day.

Eventually he underwent surgery at Jacobi Medical Center on October 03, 2005 by Dr. Garvey.

According to the operative report of October 03, 2005 the surgical procedure performed was a repair of the left third webspace ulnar digital nerve to the long finger with a vein graft. The flexor tendons were found to be physically intact. Mention is made that the ulnar side of the radial nerve to the ring finger was intact, but the ulnar nerve to the long finger was damaged and shredded with a gap, which required a vein graft. The vein graft was obtained from his volar surface in the left proximal forearm.

Following surgery, he was followed up in the Hand Clinic at Jacobi Hospital and received physical therapy there for about one to two months.

He states that he did not have any further medical treatment until he saw Marc Parnes, M.D. on October 30, 2006 when physical therapy was initiated again on a twice a week basis. He states that he is still receiving physical therapy until the present time from Dr. Parnes.

He was also seen by Dr. Dayan on March 16, 2007 and by Dr. Krishna on April 08, 2007.

He saw Salvatore Lenzo, M.D. on October 30, 2007 and surgery was recommended for a neurolysis/tenolysis in the left palm, but the patient is not inclined to have any further surgical procedures.

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PAST MEDICAL HISTORY:

Past medical history is negative for any systemic medical illnesses and he denies any previous injuries.

He had returned to work approximately two and a half months after the injury as a plumber in his regular job at Crestwood Mechanical and he worked there until September of 2007 at which time he left on his own accord. Since September of 2007, he is working in a self employed/free lance capacity.

COMPLAINTS:

He complains of decreased sensibility along both sides of the left middle and ring fingers and states that he has difficulty extending his left middle and ring fingers. He also complains of intermittent pain in his left palm.

EXAMINATION:

Examination reveals no swelling or tenderness in the shoulders or elbows on either side where he has full active range of motion, which is pain free. There is a five cm stretched scar on the palmar aspect of his left forearm from where the vein graft was harvested. The scar is not tender, indurated, hypertrophic, or restrictive. There is no swelling or tenderness in the distal forearm or wrists on either side. Wrist extension is 80 degrees with palmar flexion of 70 degrees bilaterally and forearm rotation is maintained with 80 degrees of pronation and 90 degrees of supination on both sides. There is no tenderness along the first extensor compartment and the Finkelstein test is negative bilaterally.

Examination of the left palm reveals a six cm healed longitudinal scar extending from the webspace between the middle and ring fingers up to the midpalm. The scar is not tender, indurated, or hypertrophic. There is a mild Tinel's sign along the scar at the level of the distal palmar crease line. He also has a 3 cm scar over the dorsum of the webspace between the middle and ring fingers. This is also not tender, hypertrophic, or restrictive.

He tends to maintain the middle and ring fingers in a flexed posture stating that it is comfortable in this position and that it hurts when he passively extends the fingers.

With palmar flexion of the wrist the middle and ring fingers extend on the basis of a tenodesis effect almost to a neutral position. Even on gentle passive extension, the middle and ring fingers extend until neutral at the MP joints and almost until about 10 to 15 degrees at the PIP joints. Passively he has full extension at the PIP joints until a neutral position. He has full active extension of the index and small fingers.

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All fingers flex normally with the fingertips approximating to the distal palmar flexion crease line with MP flexion from 0 to 80 degrees, PIP flexion from 0 to 95 degrees, and DIP flexion from 0 to 80 degrees. He has full active PIP flexion of the middle and ring fingers when the wrist is palmar flexed and the MP joints also flexed. Without passive extension, he tends to maintain the PIP joints in about a 45 to 50 degree flexed position.

Sensibility is subjectively normal in the index and small fingers of the left hand with no paresthesias or numbness.

He states that sensibility is completely absent on both sides of the middle finger and on both sides of the ring finger and he does not feel any touch. Two-point discrimination in the thumb, index, and small fingers is 5 mm, but he states that he has no appreciable light touch sensation in both sides of the middle and ring fingers.

Capillary refill, color, and temperature are comparable in all of the fingers including the middle and ring fingers and there are no changes in the sweat patterns.

The Phalen's test is negative as he states that he has numbness in the middle and ring fingers, but without any paresthesias or numbness in the thumb or index fingers. There is no Tinel's sign over the median or ulnar nerves at the wrist, in the proximal forearm, or at the elbow level. There is no atrophy at the thenar or the ulnar intrinsic muscles.

Grip strength in the right hand is 95 pounds, but he does not generate any strength with his left hand and the needle on the dynamometer does not move at all.

RADIOGRAPHS:

Radiographs obtained in the office today of his left hand and wrist do not reveal any skeletal or articular pathology. There is no evidence of any retained foreign body.

DIAGNOSIS:

Laceration, left palm with vein graft to the ulnar digital nerve to the left middle finger.

SUMMARY:

In conclusion, he sustained a laceration to the left palm and the surgical operative report indicates that a vein graft was used to repair the ulnar digital nerve to the middle finger.

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He alleges total lack of sensibility and appreciation of light touch along both sides of the middle and ring fingers and this is inconsistent with the operative report as well as the normal anatomical course and structure of the sensory innervation in the hand. The cause of the flexion contractures in the left middle and ring fingers is also uncertain as they can be extended almost until neutral by tenodesis of the wrist and by gentle passive extension. He tends to maintain this in a flexed position with some degree of guarding, which appears to be voluntary when passive extension is attempted.

He has obtained the maximum benefit of medical care and attention and is not interested in pursuing further surgery as recommended by Dr. Lenzo. His alleged complaint of total lack of sensibility in both sides of the middle and ring fingers is inconsistent with the findings at the time of the surgery and the normal anatomical pattern of distribution of the sensory nerves in the hand. The flexion posture of the middle and ring fingers is also of uncertain origin as the flexor tendons were not found to be injured and there appears to be a voluntary guarding on passive extension of these digits. Moreover, the flexion posture can be corrected to near neutral by the tenodesis effect of flexing the wrist and by passively extending the fingers. There is no clinical evidence of any carpal tunnel syndrome.

If there are any further questions, please feel free to call my office.

Sincerely yours,



Alamgir Isani, M.D., F.A.C.S.

Assistant Professor

Hand Surgery Service

NYU Medical Center

Exhibit B

Alamgir Isani, M.D.
Curriculum Vitae

Primary Office: 345 East 37 Street – Suite 201
New York, New York 10016
(212) 986-9494
(212) 986-7737 (fax)

License: New York State: #136189-1

Board Certified: General Surgery,
American Board of Surgery, 1981

Added Qualifications in Surgery of the Hand,
American Board of Surgery, 1999

Education:

Fellowship:	7/80-6/81	Hand Surgery Fellowship, NYU Medical Center New York, NY
Residency:	7/75-6/80	PGY1 – PGY 5 (Chief Resident) General Surgery Cabrini Medical Center New York, NY
Internship:	1974-1975	Flushing Hospital, Flushing, NY
Medical Education:	1967-1973	Dow Medical College Pakistan
Undergraduate:	1965	Senior Cambridge Lawrence College Pakistan

Hospital Appointments:

1981 – Present:	Cabrini Medical Center New York, NY Attending Surgeon, Dept of Surgery
1991 – Present:	St. Vincent's Medical Center New York, NY Assistant Attending Surgeon, Dept. of Orthopedics
1984 – Present:	NYU Medical Center New York, NY Assistant Professor, Dept. of Plastic Surgery

1983 – Present: Bellevue Hospital
New York, NY
Attending Surgeon,
Dept. of Surgery

**Professional
Organizations:**

- New York Society for Surgery of the Hand, 1982
- American Society for Surgery of the Hand, 1986
- Fellow in American College of Surgeons, 1986

Publications:

Isani, A., UPPER LIMB ARTHRITIS, Grabb and Smith
Plastic Surgery 5th Edition, Lippincott-Raen Publishers, 1997

Isani, A., PREVENTION AND TREATMENT OF LIGAMENTOUS
SPORT INJURIES TO THE HAND, Sports Medicine, 9 (1), 1990

Isani, A., Melone, C.P., CLASSIFICATION AND MANAGEMENT OF
INTRA-ARTICULAR FRACTURES OF THE DISTAL RADIUS, Hand Clinics, Vol.4,
No. 3, 8/88

Isani, A., Melone, C.P., THE BASAL JOINT PAIN SYNDROME, Clinical
Orthopedics and Related Research, Vol. 220, 7/87

Isani, A., SMALL JOINT INJURIES REQUIRING SURGICAL TREATMENT,
Orthopedic Clinic of North America, Vol. 17, No. 3.

Isani, A., Melone, C.P., LIGAMENTOUS INJURIES OF THE HAND
IN ATHLETES, Clinics in Sports Medicine, Vol. 5, No. 3, 10/86

Isani, A., Melone, C.P., FINGERTIP INJURIES, Surgical Rounds,
Vol. 8, No. 11, 11/85

Isani, A., Melone, C.P., ANESTHESIA FOR HAND INJURIES,
Emergency Medicine Clinics of North America, Vol. 3, No. 2, 5/85

Trial Testimonies:

Test/Deposition Supreme Court, Bronx County, NY, 5/6/96
Pers. Injury Freeman v. City of NY

Testimony Supreme Court, County of NY, NY, 2/6/97
Personal Injury Toussart v. City of NY

Deposition Supreme Court, County of Brooklyn, NY, 8/11/98
Pers. Injury Pabon v. Suffolk Orthopedics Associates

Trial Testimonies (cont'd)

Deposition Malpractice	Supreme Court, Bronx County, NY 9/07/98 R. Caraballo v. 1035 Park Avenue Corp
Testimony Pers. Injury	Deposition, 12/19/00 A. Escobar v. Connecticut Light & Power
Testimony Malpractice	Supreme Court, Florida, 7/21/01 C. Verga v. P. Candelaria, Orthopedic Spine Associates
Testimony Malpractice	Telephone Deposition 3rd District Court, Salt Lake City, UT 5/2/03 T. Hilburn v. D. Garrick, M.D.
Testimony Malpractice	Supreme Court, County of New York, NY, 2/27/04 N. Quiceno v. B. Rifkin, H. Rifkin, H. Sunshine et al
Testimony Pers. Injury	Supreme Court, County of New York, NY, 04/04 Lee v. McMahon and Lenox Hill Hospital
Testimony Malpractice	Supreme Court, County of New York, NY 05/04 Coleman v. Schwartz
Testimony Malpractice	Supreme Court, County of New York, NY 2004 Meltzer v. Isani
Testimony Personal Inj.	Supreme Court, County of New York, NY 04/05 Wan Kham Looi v. Sophia Partners, LLC
Testimony Malpractice	Supreme Court, Kings County, NY 09/07 Halley v. Jolley, Et.al.
Testimony Malpractice	Supreme Court, Phoenix, Arizona, 01/08 Tucker v. Joseph, et.al.

Exhibit C

1983 – Present: Bellevue Hospital
New York, NY
Attending Surgeon,
Dept. of Surgery

Professional**Organizations:**

- New York Society for Surgery of the Hand, 1982
- American Society for Surgery of the Hand, 1986
- Fellow in American College of Surgeons, 1986

Publications:

Isani, A., UPPER LIMB ARTHRITIS, Grabb and Smith
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SPORT INJURIES TO THE HAND, Sports Medicine, 9 (1), 1990

Isani, A., Melone, C.P., CLASSIFICATION AND MANAGEMENT OF
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No. 3, 8/88

Isani, A., Melone, C.P., THE BASAL JOINT PAIN SYNDROME, Clinical
Orthopedics and Related Research, Vol. 220, 7/87

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IN ATHLETES, Clinics in Sports Medicine, Vol. 5, No. 3, 10/86

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Vol. 8, No. 11, 11/85

Isani, A., Melone, C.P., ANESTHESIA FOR HAND INJURIES,
Emergency Medicine Clinics of North America, Vol. 3, No. 2, 5/85

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Testimony Malpractice	Supreme Court, Kings County, NY 09/07 Halley v. Jolley, Et.al.
Testimony Malpractice	Supreme Court, Phoenix, Arizona, 01/08 Tucker v. Joseph, et.al.

STATE OF NEW YORK)
 :SS
COUNTY OF NEW YORK)

Sergellys Martinez, being duly sworn, deposes and says:

Deponent is not a party to the action, is over 18 years of age and resides in Bronx, New York;

On February 22, 2008, deponent served the within EXPERT DISCLOSURE OF ALAMGIR

ISANI, M.D., P.C. upon:

John E. Durst, Jr.
The Durst Law Firm, P.C.
Attorneys for Plaintiff
319 Broadway
New York, New York 10007

by depositing a true copy of same enclosed in a post paid properly addressed wrapper, in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York.


Sergellys Martinez

Sworn to before me this
22nd day of February, 2008


Notary Public

CLAUDIA BLANCHARD
Notary Public, State of New York
No. 01BL6160575
Qualified in Queens County
Commission Expires Feb. 12, 2011